		Substitute for Form PTO-875								ess it displays a valid OMB control imber.  Application or Dockel Number		
		CLAIMS AS FILED - PART I							10 789,84-8			
•	FOR		HUMBER (Colum	2 1)	(Column 2)		SMALL ENTITY		OTHER THAI SMALL ENTIT			
	BASIC FEE (37, CFR 1.16(a	3))	·		NUMBER EXTRA	RAT	E FEE	• .				
٠.	TOTAL CLAIM: (37 CFR 1.16(c	:)) . <b>[</b>	mi	nus 20 =   .	•		5	OR	RATE	· FE		
	(37 CFR 1.16(b	CLAIMS		nus 3 =   .			<u>)</u>	OR	× s 50.	5		
	MULTIPLE DEP	ENDENT CLAIM	PRESENT	(37 CFR 1.	10/411	x s 100		OR	x , 200			
•	,			[O Applies 703 :	16(0))	+ s 180	2	OR	+360			
			ess than zero, enter "0" in column 2.  SAMENDED — PART II			TOTAL		OR	TOTAL			
	(Column 1)											
	₹ 3 22 00	CLAIM REMAINI AFTER	s NG	(Colu-	st T	SIVIAL	LENTITY	OR	OTHER SMALL E	THAN		
.	Total (31 CFR 1,16(c	AMENOM	ENT Mine	PREVIOUS PAID FOR	USLY EXTRA	RATE	ADDI- TIONAL		RATE	A001		
	U (3) OFR 1.16%	<del></del>	Minu		= /	x s 25	FEE	-	<u>550</u>	TIONAL		
Ŀ	FIRST PRES	ENTATION OF MUL			-   = /	x s 100.			30Q	·		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+s 180=		<b></b>	360			
-	·	(Column 1) (Column 2) (Column 3)						TC	OTAL DO'L FEE			
	m =	. CLAIMS		HIGHES	T	] <del>[ </del>	·					
	Total  Total  Gram (.16(q))  Independent  Gram (.16(p))	AFTER AMENDMEN	T Minus	PREVIOUS PAID FO	SLY EXTRA	RATE	ADDI- TIONAL		RATE	ADDÍ		
	(33 CFR 1.16(cl)	· · · · ·	Minus		=	x s 25 =	FEE	_		FEE .		
	FIRST PRESEN	TATION OF MULTI	_1	<u> </u>	=	× s_100=			50 <sub>=</sub> 200 <sub>=</sub>			
		FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						<del>-</del>	60			
		(Column 1)	4-		TOTAL ADO'L FEE		TOT					
AENT O	- [	CLAIMS REMAINING AFTER AMENOMENT		(Column 2 HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT	RATE	ADDI- TIONAL	<u> </u>	475	-JODI-		
QN	(37 OFR 1.16(c))		Minus	44'	=	× 5 25 =	FEE		TIC	ONAL FEE		
AMENDMEN	(17 OFR 1.16(6))		Minus	***	=	x s 100		OR X S				
	PRESENT.	ATION OF MULTIP	LE DEPENDE	HTCLAIM (37	+ 5 180		$\frac{1}{2}$					
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".												
If the Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20.  The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.  This collection of information of Information of Independent is the highest and information of Inf												

Ine Highest Number Premously Paid For [Total or Independent] is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. (Total or Independent) is the highest number found in the appropriate box in column 1.